U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY REFORE PREPARING THIS REPORT

E QLMS DE	GELT BELOKET KEL AKING THIS KELOKT.		
1. File Number U - 9028	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Rick D Brown	Name United Food & Commercial Workers Union		
	Labor Organization File Number 540 249		
P.O. Box, Bldg., Room No., if any 3302 Suite 201	P.O. Box, Building and Room Number, if any 3302 Suite 201		
Street McGinnis Ferry Rd.	Street McGinnis Ferry Rd.		
City Suwanee	City Suwanee		
State Georgia ZIP Code + 4 30024	State Georgia ZIP Code + 4 30024		
5. Position in labor organization. Executive Assistant to the Presiden			
A. Held an interest in, engaged in transactions (including loans) with, one monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Ruky DASTOUN	On 08/09/2005 678-714-3500		
VIVO POUNTO	Date Telephone Number		

Date

Telephone Number

Name of Person Filing Rick Brown	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Coalition of Kaiser Permanente Unions Trade Name, if any: P.O. Box, Bldg., Room No., if any 888 Street 16th street North West City Washington DC State District of Columbia ZIP Code + 4 20006	14.a. Nature of payment. Payment of a hotel room by the, Coalition of Kaiser Permanente Unions which is established to provide workers and employers with the opportunity to study new joint approaches to organizational effectiveness. (Continued on 3of3)		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$125		

Name of Person Filing Rick Brown	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.		
trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	meeting was to announce and discuss a new initiative concerning automated healthcare records. The package for the meeting was valued at \$200 for a hotel room and meal. I shared a hotel room with another union official who was not there for the meal.		
Street			
City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
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P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		